

**NOTICE OF AND REQUEST FOR EXEMPTION
FROM CHAPTER 103F, HRS**

ADMINISTRATION
STATE PROCUREMENT OFFICE
STATE OF HAWAII

To: Chief Procurement Officer

From: Department of Human Services/Med-QUEST Division
Department/Division/Branch or Office

Pursuant to § 103F-101(a)(4), HRS, and Chapter 3-141, HAR, the Department requests a procurement exemption to purchase the following:

1. Title and description of health and human service(s):	Participation by Qualified Care Coordination Organization (CCO) to educate, coordinate, and facilitate access to dental services for eligible QUEST, QUEST-Net, and Medicaid children and adults who will be receiving dental services through a Medicaid fee-for-service structured program. The CCO through an integrated care coordination system provides access, coordination, education, compliance, and advocacy for eligible individuals to receive dental benefits.	
2. Provider Name and Address:	Community Case Management Corp 919 Lehua Avenue Pearl City, Hawaii 96782	
3. Total Contract Funds:	\$660,000	
Contract Funds per Year (if applicable):		
4. Reference number of Previous Request for this Service (if applicable):		
5. Term of Contract:	Start:	January 1, 2007
	End:	June 30, 2007
6. Describe how procurement by competitive means is either not practicable or not advantageous to the State:	<p>The Department of Human Services - Med-QUEST Division (DHS-MQD) requests an exemption for the purpose of continuing to contract with the current provider for an additional six months while a competitive procurement process is being issued and completed. Extending the current contract to June 30, 2007 would be most efficient and cost-effective for the State and maintain continuity of care for the current members.</p> <p>The DHS issued two RFI's in March and April of 2006 related to the Medicaid dental program. Based on the responses, the program focus was changed from a managed care dental program to a third party administration (TPA) contract in which the contractor would be responsible for all aspects of the dental program, including the dental care coordination. Except for the 180 day extension limit, the requested extension of the contract meets the conditions stated in HAR section 3-149-301 (b). DHS will comply with the requirements set forth in HAR section 3-149-301 (c). The details of the RFP have been finalized in November 2006 and the RFP will be ready for distribution in December 2006.</p> <p>It is not practicable or advantageous to the State to reprocur the dental care coordination for the period between expiration of the contract on December 31, 2006 and the services under a new contract beginning on July 1, 2007. This will allow sufficient time for the new RFP to be issued and executed, and the contractor will be selected through the competitive process. The extension of the existing contract will ensure that there is no disruption of the State's compliance with Title XIX of the Social Security Act.</p>	

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7.	<p>Describe the reason for the selection of the provider including a description of how the procedure ensured the maximum fair and open competition practicable:</p> <p>The proposed provider is currently providing dental care coordination services and was initially selected through the RFP process.</p>						
8.	<p>Describe the state agency's internal controls and approval requirements for the exempted procurement:</p> <p>TheDHS Med-QUEST Division Health Coverage Management Branch (HCMB) and the MQD's Finance Office will follow all normal procurement processes. We will monitor the extended contract with the contractor and ensure that all requirements are met.</p>						
9.	<p>List the state agency personnel, by position title, who will be involved in the approval process and administration of the contract:</p> <p>Wesley Mun, MQD Acting Administrator Leslie Tawata, HCMB Acting Administrator Valerie Johnson, Contracts Specialist Dona Jean Watanabe, Health Care Contracts and Purchasing Specialist</p>						
10.	<table style="width: 100%; border: none;"><tr><td style="width: 45%;">Direct questions to (name & position):</td><td>Dona Jean Watanabe, H/C Contracts & Purch Spec.</td></tr><tr><td>Phone number:</td><td>692-7973</td></tr><tr><td>e-mail address:</td><td>dwatanabe@medicaid.dhs.state.hi.us</td></tr></table>	Direct questions to (name & position):	Dona Jean Watanabe, H/C Contracts & Purch Spec.	Phone number:	692-7973	e-mail address:	dwatanabe@medicaid.dhs.state.hi.us
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Phone number:	692-7973						
e-mail address:	dwatanabe@medicaid.dhs.state.hi.us						

I certify that the information provided above is to the best of my knowledge true and correct.



Department Head Signature

DEC 08 2006

Date

Lillian B. Koller, Esq.

Typed Name

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NOTICE

The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted in item 10 of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.

FOR CHIEF PROCUREMENT OFFICER USE ONLY

Chief Procurement Officer's Comments:

☐ **APPROVED** ☐ **DISAPPROVED** ☐ **NO ACTION**

Chief Procurement Officer Signature

Date

Please ensure adherence to applicable administrative requirements.

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The chief procurement officer is considering this request for exemption and, if there is good cause, the state intends to exempt the purchase as described in the request. Any inquiries regarding the purchase shall be directed to the contact person noted on page two of the request. Any concerns regarding the exemption shall be in writing and received by the chief procurement officer within seven days of the date the notice was first posted. Concerns shall be mailed to: Aaron Fujioka, Chief Procurement Officer, State Procurement Office, 1151 Punchbowl St., #230A, Honolulu, HI 96813.